

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
DISCRIMINATION COMPLAINT FORM**

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Statement of Facts: (Explain specifically **Why, What, When, How.**)

I hereby attest that the facts given in the above summary and/or in the attached written complaint are true and correct to the best of my knowledge. I have been advised of the procedure that will be followed and of the other avenues of legal redress open to me.

Complainant's Signature _____ Date _____

Division _____ Work # _____

Witness' Signature _____ Date _____

Witness' Title _____